glucose tolerance,³ which this patient had. Pantothenic acid has been used for the treatment of postoperative intestinal atony.¹ This patient was said to have had "many episodes of abdominal distension." In pantothenic acid deficiency alphasglobulin levels are increased.³ This patient had raised alpha-1 and alpha-2 globulin levels.

Pantothenic acid deficiency can produce upper abdominal pain and an increased susceptibility to infectious diseases of the respiratory tract.¹ These were particular features of this patient's case. She was said to have had several episodes of "an acute abdomen" in her last weeks of life and died with acute bronchitis, bronchopneumonia, herpes of the mouth and nose, and other terminal infections.

As pantothenic acid is widely distributed in nature, its administration is often not considered important. However, it is unstable, and as folic acid and biotin are apparently required for its utilization² perhaps it should be given to folate deficient subjects.—I am, etc.,

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¹ *Documenta Geigy Scientific Tables*, ed. K. Diem, 6th edn., p. 460. Macclesfield, Geigy (U.K.) Ltd., 1962.

² Jennings, W., *Vitamins in Endocrine Metabolism*, p. 69. London, Heinemann, 1970.

³ Baker, H., and Frank, O., *Clinical Vitaminology, Methods and Interpretation*, p. 54. New York, Interscience Publishers, 1968.

⁴ Burke, C. W., *British Medical Journal*, 1970, 2, 714.

Crohn's Disease and Pregnancy

SIR,—I was surprised that Mr. F. T. De Dombal and others in their recent survey concerning subfertility associated with Crohn's disease (2 September, p. 550) failed to mention one simple aetiological factor that might be relevant.

Frequency of intercourse is a very obvious aetiological factor, but one that is easily overlooked. A young woman with active Crohn's disease and its associated malaise and abdominal symptoms is unlikely to feel in the mood for intercourse, and this may account, at least in part, for the subfertility report. Did the authors consider this factor in their survey?—I am, etc.,

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Duodenogastric Reflux and Pyloric Surgery

SIR,—Dr. W. B. James and others (16 September, p. 699) describe a simple technique whereby the reflux of barium from the duodenum back into the stomach can be observed during fluoroscopy, and they state that in 300 patients and in 25 controls they were unable to confirm that duodenogastric reflux occurs significantly more frequently in patients with gastric ulcer or that there was any difference in the incidence of reflux between their patients and the controls. As they intend to publish their results they do not quote any figures in detail, but their general conclusion is that they have been unable to verify the observations of Capper and others.¹ Since my own findings, using a similar technique, which I employed first in 1967, based on 1,000 consecutive barium meal studies done with television fluoro-

scopy, would seem to be different from theirs, and, in fact, lend support to Capper's work, they may be of interest to others.

There were 45 patients with gastric ulcer, 34 (75%) of whom showed pyloric reflux of barium; 190 with duodenal scar, 50% with reflux; and 20 with a pyloric scar, all of whom showed reflux. Thus the incidence of pyloric reflux in my patients with gastric and duodenal ulceration was not dissimilar to that recorded by Capper and others¹ after they had instilled barium directly into the duodenum by a fine rubber tube. Of course, it would all be quite simple if the radiological demonstration of pyloric reflux was invariably a significant abnormality. That it cannot be so regarded is emphasized by the fact that in 40% of my patients with a normal barium meal it was possible to show a little reflux. Therefore it would seem that the normal pylorus is not always completely competent, at least to fluid barium. This may be because of asynchronous closure of the canal during the systolic contraction of the duodenal cap or to its failure to provide a water-tight seal.

The difficulty is to know when pyloric reflux might be of importance, and clearly it is not within the province of the radiologist to deduce possible long-term consequences from a single observation of reflux. However, he can point out whether or not the reflux was easily demonstrated, and of particular significance would be his ability to confirm its presence at a later date. To the radiologist primarily concerned with the diagnosis (or exclusion of) pathology in the stomach or duodenum the incidental finding of pyloric reflux might seem of only academic interest. However, if the contention of Capper and others² that pyloric reflux may be responsible for a non-ulcer type of dyspepsia is correct then the radiological observation of reflux may not be entirely unrewarding.—I am, etc.,

C. D. T. MACLEAN

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¹ Capper, W. M., Airth, G. R., and Kilby, J. O., *Lancet*, 1966, 2, 621.

² Capper, W. M., Butler, T. J., Kilby, J. O., and Gibson, M. J., *Lancet*, 1967, 1, 413.

Overpopulation

SIR,—I would be grateful if you would allow me to point out the trends in the U.K. birth rate with a view to asking doctors not to form policies for population control too hastily.

During the first quarter of 1972 the number of live births was 176,588 compared to 193,770 during the corresponding weeks in 1971, a fall of over 8.8% in 12 months.¹ According to the Government Actuary's population projection the number of live births in 1972 should not be lower than 1971 but 3.1% higher. The fertility of British women has been declining since 1964 and there is an accelerating downward trend shared with the rest of Western and Eastern Europe.² The crude birth rate is under 15.6 per 1,000 and it is usually highest during the first quarter of the year. The birth rate is likely to be 15 per 1,000 for 1972. The decline in birth rate has to continue for only two years more to fall below the long-term replacement level even assuming no net emigration, which is at present between

150-170,000 per annum. The year 2,000 does not hold terrors of overcrowding for us as the family size of 2.4 children will not be achieved, bearing in mind the declining birth rate.—I am, etc.,

PAUL MOXON

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¹ Office of Population and Censuses and Surveys. *The Registrar General's Weekly Return for England and Wales Week Ended Friday, 24 March 1972*, p. 4. London H.M.S.O., 1972.

² *The European Community, the United Kingdom and World Population Trends*. European Studies No. 11, 1971. London European Economic Community Information Service.

** This correspondence is now closed.—Ed., B.M.J.

The Porn Industry

SIR,—You and others who are on the side of the angels should beware lest you lead weaker brethren into the sin of envy by your absolute certainty that you are right and that anyone who disagrees with you is a hypocrite. Could there not be honest Christian men who are in error, or even among the "don't knows"?

I do not know, for instance, whether reading *Miss Whackford's Academy* is more harmful than personal experience of brutal floggings received and administered at a public school (I should have liked to ask Neville Heath, but he died before I could); whether ruder songs and reckless drunkenness at student age are more innocent than dirty films and cannabis; whether fear of punishment has much inhibiting effect on sexual behaviour; whether the Lord gave me a commission to be a rod for sinners, along with my medical degree; whether lectures delivered in "hired halls" are, on the whole, more pernicious than those to be heard in premises lent gratis; or whether people are more depraved now than they were in Queen Victoria's time, although my reading leads me to suspect that they are not. I am even beginning to wonder if masturbation really does send people blind, as doctors and divines used to teach when I was a boy; if it does we must have been even purer than I thought, because most of my contemporaries still see quite well, although many of them use spectacles. I assure you that these difficulties of mine are not symptoms of hypocrisis or even of a Callous Indifferentism, but of Honest Doubt.

It would make an interesting controlled experiment if we could persuade Lord Longford to hold a new commission on one of the other deadly sins (pride, say, or sloth) and see how many people would read it.—I am, etc.,

DAVID CARGILL

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SIR,—In the discussions created by the Longford report on pornography attention has been focussed on the dangers of censorship if the laws were to be changed. Your leading article (20 September, p. 779) on the porn industry does a great service in stressing the potential harm to health intrinsic in any commercialization of sex.

The Responsible Society was formed just over a year ago with the express purpose of enabling those concerned about the increasing pressures, largely on young people, which appear to be creating serious health problems to join together both to establish the